

Application Data Sheet

Application Information

Application number::
Filing Date:: 09/15/03
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??::
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: PEPTIDES WHICH GENERATE ANTIBODIES
RESULTING IN LYSIS OF PATHOLOGICALLY
ADHERENT ERYTHROCYTES
Attorney Docket Number:: 02307O-140500US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 7
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One:: AI 43608

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Irwin
Middle Name::
Family Name:: Sherman
Name Suffix::
City of Residence:: Riverside
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 6770 Hawarden Drive
City of Mailing Address:: Riverside
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 92506

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Colombia
Status:: Full Capacity
Given Name:: Enrique
Middle Name::
Family Name:: Winograd
Name Suffix::
City of Residence:: Claremont
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 777 W. 12th Street
City of Mailing Address:: Claremont

State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 91711

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::